

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. VIII. } NEW SERIES. NEW YORK: SATURDAY, AUGUST 22, 1863. { Mail Subscribers, \$3 per Ann.
VOL. VII. } City and Canadian, 850 " Single Numbers, 10 cents.

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PITTSFIELD, Mass., April 16, 1863.

American Journal of Ophthalmology

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BEING A COURSE OF LECTURES PREPARED FOR DELIVERY DURING THE SPRING SESSION OF 1862 IN THE COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

BY THE LATE

C. VAN ALEN ANDERSON, M.D.,

PHYSICIAN TO CHILDREN'S DEPARTMENT, DEMILT DISPENSARY, N. Y.

LECTURE VI.—PART I.

BRONCHITIS AND PNEUMONIA.

THE diseases which we have so far studied belong pre-eminently to early life. They are all in some way connected with the passage of the air from the exterior of the body to the lungs, and with the exception of coryza, derive their chief interest from the part they play in interfering with the functions of the larynx and trachea. We have, therefore, considered their history, causes, symptoms, and treatment, as fully as the time would allow, and have, I think, discovered that their peculiarities are worthy of our closest attention.

The remaining disorders of the infantile respiratory apparatus are not confined to this period of existence, for they occur likewise in mature age. Their lesions are found in the cavity of the thorax; their pathology is well understood, and you have already become acquainted with them under the names of bronchitis, pneumonia, pleurisy, and phthisis. While, therefore, I need not repeat to you what you have already learned, yet the idiosyncrasies of the child's constitution justify me in pointing out to you in what respects these complaints coming on in infancy differ from themselves when they are seen after puberty.

As the three first of these affections differ from each other not so much in their nature as in their location, let us endeavor, in the first place, to understand clearly what we are about by recalling the chief points in the anatomy of the lungs.

They are to all intents and purposes composed of three structures:—1st. The bronchial tubes and air vesicles; 2d. The parenchyma, or connective tissue; and 3d. The pleura, or investing serous membrane.

The bronchial tubes, in consequence of their ramification to all parts of the lungs, have been frequently compared to a tree with its continually dividing and wide-spreading branches. They begin, you know, with the primary divisions of the trachea into the right and left bronchus, and thence dividing and subdividing they finally terminate in the air vesicles, growing smaller and smaller meantime. The trunk of this tree is the trachea, its branches are the bronchial tubes—and the air-cells are the infinite multitude of leaves which seek the invigorating influence of the atmosphere. If we study the development of the lungs in the foetus, we are enabled to follow the analogy still further; for we shall find a rudiment of the larynx very early in inter-uterine life, from which the bronchi, and at the sixth month the air-vesicles, are produced by a never-ending process of *budding*—arborescent processes all the time spring from one another, until in the course of development the finer tubular branches leaf out into air-cells.

The larger bronchi are composed of a fibrous membrane containing cartilages, a layer of involuntary muscular fibres, and a mucous lining. As the air-tubes become smaller, the cartilages, growing fewer, at last disappear, and the mucous membrane is gradually reduced, so that tubes the twenty-fourth of an inch in diameter have only an extremely thin wall. At the termination of these tubes it ceases abruptly, and the fibrous membrane is continued into the air-cells, which are entirely deprived of the smooth unstriped muscles.

The parenchyma of the lungs is found between the vesicles, and consists of a large quantity of yellow elastic tis-

sue, of the ramifications of the pulmonary artery and veins, bronchial arteries and veins, lymphatics, and nerves. The branches of the pulmonary artery follow pretty nearly the course of the bronchial tubes; ultimately, having attained an extremely minute character, they terminate in a capillary plexus which lies on the wall of the air-cells in the middle of the fibrous tissue: the pulmonary veins arise from this plexus, and, uniting with each other, form larger and larger trunks, which accompany the arteries and bronchial tubes. By this arrangement the venous blood brought by the pulmonary artery to the lungs after having been purified in the parietes of the intercellular passages, returns as arterial blood through the pulmonary vein to the left auricle of the heart. The office of the *bronchial* arteries being the nutrition of the bronchi, they ramify upon the walls of these tubes, while the venous blood is returned by the bronchial veins to the *vena azygos*.

All of these structures are bound together, and its shape is given to the lung by the investing serous membrane or pleura. The pleura possesses the same character that serous membranes do in other parts of the body; it covers the whole lung as far as the root, and is then reflected upon the parietes of the chest, the reflected portion, or pleura costalis, besides forming the internal lining of the ribs and intercostal muscles, also covering the diaphragm and the thoracic surface of the vessels at the root of the neck.

Now, what I want to impress upon your mind is, the fact that the essential nature of bronchitis, pneumonia, and pleurisy, is the same, and that the differences we observe between them depend on the various structures of the lungs, and not on the constitution of the disease itself. For, if we consider for a moment what we mean by these three words—bronchitis, pneumonia, pleurisy—we will find that they do not convey the idea of three separate and distinct disorders, but rather that of one morbid process—inflammation—manifested either in the mucous lining of the bronchial tubes, or in the highly vascular intercellular tissue, or in the investing serous membrane. But each of these diverse formations has its own laws both of health and disease; and therefore they furnish us with their own pathological results, and with their own peculiar symptoms, although the intimate nature of inflammation is the same in all. If we bear this in mind, we shall be at no loss for our treatment; for instead of trying to recall what is good for bronchitis, and what for pneumonia, we shall rather endeavor to follow out the principles which are taught us by science to be applicable to inflammation in any part of the body.

Inflammation of the mucous membrane of the bronchial tubes, or, in other words, bronchitis, is a disorder which in children is not only very frequent but also sometimes very fatal. It derives its importance not only from the profound effect it produces upon the system in early life, but also from its tendency to spread from the bronchi and air-cells to the parenchyma, thereby producing pneumonia, and from its liability to be followed by collapse of the lung. From the moment of birth to the end of life all are exposed to it, but it requires most consideration in infancy and old age.

The causes that produce inflammation of the air-tubes are much the same in childhood as they are in mature life. As the prolonged action of cold, sudden variations of temperature, and a considerable degree of dampness in the atmosphere, give rise to it, we find it most frequent in winter and spring, when these conditions are most marked. Poverty, also, brings these maladies in its train, as those of you who fill situations at our dispensaries and hospitals will discover hereafter; for the children of the poor are, as a rule, badly nourished, poorly housed, insufficiently clothed, and exposed to great alternations of heat and cold. The occurrence of one attack of bronchitis or pneumonia, instead of preventing subsequent seizures of the same disease, on the other hand predisposes towards them; as do also weak cachectic constitutions, the prevalence of east or north-east winds, disorders of the alimentary canal,

the great changes which take place at the period of dentition, certain eruptive fevers, particularly measles, and, lastly, some peculiar epidemic influence which at times prevails extensively. When from any of these causes there has been inflammation of the mucous lining of the bronchial tubes, we find the following changes after death on both sides of the bronchial tree: The mucous membrane is reddened by a more or less intense congestion of its delicate capillaries; an appearance early seen in the larger tubes, but difficult to make out in the smaller ones. This redness is distinguished from that due to injection of the subjacent tissues, by its being quite as striking where the membrane passes over the cartilaginous rings as it is in the spaces between them; and when we discover that it does not disappear by washing, we know that it is not owing to the transudation of the blood through the coats of the vessels after death. This coloring is more marked in the inferior and posterior portions of the lungs.

Although we have no reason to doubt that inflammation produces both thickening and softening of the mucous membrane, we are not able to perceive these alterations in the majority of cases; and all experiments made in order to arrive at a positive result on this subject have been perfectly fruitless. Neither are we to expect to meet with those ulcerations of the mucous membrane of the trachea and bronchi which are comparatively common in the bronchitis of the adult.

When the attack has been moderately intense, the bronchi usually contain a quantity of transparent viscid mucus, mixed with a greater or less quantity of air-bubbles. If, on the other hand, the disease has been violent, a thicker and more opaque liquid is observed, white or yellowish-white in color, very adherent, containing a proportion of pus, or perhaps even consisting almost entirely of pus. These liquids may, however, be reddish, bloody, and have small particles of plastic lymph mixed with them.

In many cases of acute bronchitis another and perhaps more characteristic lesion is discovered—dilatation of the bronchi. An alteration in the calibre of these tubes is observable, either upon one single point or throughout their whole extent. This appearance can be best demonstrated by following their course with a pair of scissors, which will arrive without difficulty at the surface of the lung, when, on opening the tube thus divided, it will be seen to have preserved, or perhaps even to have increased its diameter from one of the primary bronchi until it nears its termination. This dilatation is due to the weakening of the muscular fibres of the air-tubes by inflammatory action, and to the mechanical results of the accumulation of viscid mucus within them.

According to the extent of the disease we shall find lesions of the air-vesicles, or, if the inflammation, as is very frequently the case, has seized on the lung-substance, the alterations consequent upon pneumonia. In the former case there is no air in the lung, but it feels tough and solid, and over its surface are scattered a number of small reddish or yellowish miliary points, which somewhat resemble a deposit of tubercles: if, however, we touch one of them with the point of the knife, a drop of pus exudes, and the spot vanishes. This appearance, however, is by no means common.

As pneumonia is rare as a primary disease in childhood, and most frequently arises from the passage of inflammation from the bronchial tubes and air-vesicles to the substance of the lung, I shall make no apology for speaking of it in connexion with bronchitis. We find in ordinary pneumonia the same conditions of engorgement of red and grey hepatization that we have in the adult, but very often we find them coexisting in the same subject, which is the great peculiarity of inflammation of the lungs in childhood. Double pneumonia is also more frequent in early life; but when only one lung is affected, it is most frequently the right—a rule that applies also, you know, to the adult. Pneumonia, however, sometimes, instead of affecting the whole lung or the whole of one lobe, seizes on single

lobules, and is then known by the designation "lobular," the frequency of which condition, however, has been much exaggerated. M. Bouchut gives perhaps the best description of the pathological appearances of this variety: "On opening the chest," says he, "the lungs slightly collapse. They are heavier than the natural state, and offer little crepitancy. Their surface preserves at the situation of the diseased parts a granite-red tint, which results from the union of a considerable number of reddish spots of different gradations of color. Each spot represents a lobule, the degree of congestion of which is different, and corresponds with more or less partial induration of the pulmonary tissue." We have in each lobule, in this variety, the same stages of engorgement of red and of grey hepatization, that we find occupying whole lobules in other cases.

Original Communications.

POST-MORTEM

EXAMINATION IN A CASE OF CYANOSIS.

By JNO. T. HODGEN, M.D.

In the spring of 1848 I accidentally came in contact with a child presenting in a marked degree all the symptoms and appearances of cyanosis, and on the fourth day of March, 1863, was called by Prof. John B. Johnson to make a post-mortem examination on the body of the same, then a young lady of 19 years. I received from Prof. J. the following history of her last illness:—

She had never suffered from any disease of serious character. She had been, by the constant care of her parents, remarkably careful in all her habits, had all her life avoided active exercise, and was generally comfortable.

Prof. Johnson was called to see her after three days' sickness from severe pain in the head. These attacks of headache not being unusual, no anxiety had been felt in regard to her until the second day, when the mother desired to call a physician, but this was not approved by the patient, who remarked that it was nothing and would soon pass off. When the Doctor first saw her, Feb. 24th, the lips, cheeks, and hands, were of their usual blue color, and cool; eyes injected, and a papular eruption on the forehead, the centres bright red, and the margins dark blue (this eruption had been present for several years); breathing difficult; heart's action frequent and irregular, 96 to 102 per minute; pulse small, and corresponding in frequency and irregularity with the heart's action; bronchial cough; the second sound of the heart short; bruit de soufflet distinct on left side, diminishing in intensity in passing to right; intolerance of light and sound; sickness at stomach, and constipation. Directed oleaginous mixture, also fluid ext. valerian in case she should not rest. Acidulated drinks and quiet in dark room. Feb. 25.—Had spent a restless night; the bowels had moved; pain in the head still severe; could lie only on the left side; had slight fever. Directed effervescent mixture, and repeated the sedative. Feb. 26.—Pain in the head continues, increased by motion; tongue furred and dry; nausea and vomiting. Directed two compound cathartic pills. Feb. 27.—Bowels have moved; less pain in the head; more quiet; desired to be left alone; no fever; extremities cool; quite weak. Directed elixir calisaya. Feb. 28.—Pain in the head more intense; nausea, and had vomited two tablespoonsfuls of dark blood; sense of suffocation; pulse small and frequent; skin relaxed; mucous râle distinct in left posterior chest; had slept profoundly; intellect always clear. Directed sinapisms to epigastrum, and enemata. March 1.—No motion from the bowels; much as on the previous day, except weaker. Directed carbonate of ammonia, with elixir calisaya; repeated the enemata. March 2.—Less pain in head; pulse feeble; mucous râle distinctly heard

when standing near the bed; blueness of surface intense; disposed to sleep. Treatment continued. March 3.—Bowels had moved; pain in head less; mucous rale distinct; had vomited three tablespoonfuls of dark blood; nausea continued; pulse feeble and irregular; hands cool and blue; mind clear. Continued stimulants, with wine. Sinking all day; grew rapidly worse, and died at half-past two A.M., March 4th.

Post-Mortem Examination, thirteen hours after death.—The skin darker than usually found at that period after death; this discoloration more intense on the dependent parts of the body. General development good; chest small, but regularly formed; little emaciation. Liver large and dark-colored; pericardium containing more than an ounce of serum of normal appearance. Lungs small and dark-colored as those of a subject of sixty, and filled with dark blood. Heart weighing nine ounces, with more than the usual amount of fat on its surface, though not mingled with its tissue; the apex formed by the right instead of the left ventricle, the walls of the right being double the thickness of the left; the ventricular septum incomplete at the upper part, leaving an opening large enough to admit a man's thumb; this opening clearly below the mitral and tricuspid valves. The opening leading from the right ventricle into the pulmonary artery not larger than a goose-quill, with two imperfect semilunar valves; between these (which were united by what should have been their free margins) is the oblong opening before mentioned between the ventricle and pulmonary artery; the walls of the pulmonary artery as thin as those of a vein, and its calibre not more than two-thirds the normal size, and this rapidly diminishing as the branches are given off. The foramen ovale closed by its valve, except at one point, where the valve overlapped the margin of the opening, but left an oblique fissure as large as a crow-quill. The aorta normal in size and thickness, one of the coronary arteries being given off one inch above the free margin of the semilunar valve, the other retaining its valve at its usual place.

FRACTURE OF THE SKULL

BY BLOWS FROM THE FIST (?)

By ALFRED MERCER, M.D.,

SYRACUSE, NEW YORK.

W., aged 46, of intemperate habits, in an affray with A., aged 26, received injuries of the head at six P.M., Wednesday, July 22d, of which he died on Saturday morning, July 25th, sixty hours after receiving the injury.

A. is six feet high, weighs 160 pounds, has a long arm, and a heavy, bony fist. It is claimed that W. first struck A., and that A. at this time had a common nail hammer in his right hand, which he at once shifted to his left, and then struck W. with his right fist. This is A.'s statement, and it is corroborated by two witnesses who were within a few feet of the parties. W. received three blows. The second staggered him back against a fence; the third brought him to the ground; blood flowing freely from nose and mouth. W. soon recovered himself, and proceeded to finish milking a cow, at which he had been engaged previous to the altercation. He was, however, persuaded to go home, a short distance, to wash himself and change his clothing, which he did. A witness who assisted in this observed no injury about the left temporal region. In the course of the evening he gradually became insensible, in which state he remained till he died.

A surgeon saw him late on the evening of the injury. The left temporal region was very much tumefied, so much so that he was in doubt as to there being a fracture; however, the skull was cut down upon Friday evening, fifty hours after the injury, when a fracture was discovered, with depression of the bone. The trephine was used, and the bone elevated, but there was no mitigation of symptoms. The surgeon could find no breaks in the skin, nor any defined mark of a blow.

Thirty hours after death, assisted by Dr. A. B. Shipman, I made a post-mortem examination of the body. A cruciate incision, three or four inches in extent, had been made over the temporal region for surgical purposes. The temporal muscle and the whole temporal region were completely engorged with blood, but there was no special mark to indicate what kind of implement produced the injury. The skull was found fractured in an irregular oval form. Starting just back of the anterior temporal ridge, it extended backwards two and three-quarter inches, and was one inch and seven-eighths in its greatest width, the lower margin of the fracture being three-eighths of an inch above the external meatus. The fracture thus involved the frontal bone, the greater wing of the sphenoid, about half of the squamous portion of the temporal, and the lower anterior corner of the parietal, this fragment being about one inch in length and half an inch at its greatest width. The bones in this circle were broken into eight distinct pieces, none of which were removed in the operation of trephining.

Beyond this breaking in of the bones, a fissure extended backwards through the squamous portion of the temporal bone to the posterior temporal ridge, and another extended nearly to the centre of the supra-orbital plate, starting from its outer posterior angle. A large clot had formed between the skull and the dura mater, extending over the greater part of the side of the head. It firmly adhered to the membranes, which were uninjured, and must have weighed three or four ounces. The brain was perfectly healthy. A little more than a semi-circular disc of bone had been removed by the trephine, the coronal suture passing through the disc a little anterior to its centre. The upper margin of the fracture was driven square down on the brain, and these fragments were larger and thicker than the lower ones. The skull, I think, is unusually thin; five of the fragments piled on each other measure the least trifle over a quarter of an inch, though at one point of the fracture it measures about one-eighth of an inch.

Questions might be raised as to the surgical treatment of the case, but more interest is attached to its legal phase—Whether the injury was inflicted by the fist without malice, or with the hammer with murderous intent. Could the fist have produced such a fracture? Could the hammer have done the mischief without causing more injury to the scalp? Can any of your numerous readers, with illustrative cases, throw any light on the subject?

A.'s fist was examined four days after the blows were given. There was a small cut on the knuckle of the middle finger of the right hand, which was large and prominent, and some abrasion of the skin on the first joint of the little finger. At this time there was very little swelling about these injuries. I have seen many worse-looking hands where they had caused much less injury. It is not certain whether these blows were given through a hat. W.'s hat was of pretty heavy straw, and was uninjured. Most likely the hat was off when some of the blows were received.

CASE OF SUCCESSFUL REMOVAL OF FOREIGN BODY IN THROAT

BY TRACHEOTOMY.

By WILLIAM M. McDOWELL, M.D.,

CANTON, FULTON CO., ILLINOIS.

SARAH HANKS, six years old next August, and daughter of Mrs. Ladicia Hanks, a widow of Canton, Illinois, while engaged in recreation at noon with her school-playmates on Wednesday, the 18th of March, 1863, was in the act of laughing heartily, with her head inclined backwards, with a large grain of corn in her mouth; during inspiration the corn passed through the glottis into the trachea, giving rise to the usual alarming symptoms. She immediately fell down with distressing indications of suffocation, frightening her associates, and inducing them to think she was

dying. She was soon conveyed home, and her mother sent for her physician—a Hahnemannian. The means he employed were confined to the administration of sugar-pellicles, hopeful, we suppose, that the grain might be ejected in coughing, and his fanciful agents have the credit of causing its expulsion. The mother becoming apprehensive for the safety of her child from these frequent paroxysms of coughing, called in another medical adviser, who confided in the administration of emetics. Being ignorant of the necessary procedure herself, and influenced by the pernicious counsels of others, she permitted the little sufferer to remain in this distressing condition until the 31st of March—the fourteenth day of her troublesome affliction—when I was consulted in regard to her condition, and recommended extraction, as the only probable salvation, which from the ravages which had been made was apparently a forlorn hope. The mother informed me she was frequently advised not to permit the operation, as it was extremely hazardous, but, as the child was failing so rapidly, she was willing it should be resorted to, and gave a deplorable history of her condition from the time the corn entered the trachea:—That her voice soon failed to a hoarse, low wheezing whisper; she could not recline in bed, but had to be held up in a sitting posture; was thirsty, and drank frequently, very little at a time, and she was confident did not take more nourishment than two tablespoonfuls of rice, and did not sleep at all during this time; was so irritable when spoken to as to strike at the person addressing her. Paroxysms of coughing and dyspnoea were frequently renewed, and continued for several hours at a time. The child, on the thirty-first, was extremely emaciated and prostrated; pulse feeble and accelerated; eyes dull and languid; face of a pale dusky appearance. Drs. Ingersoll, Martin, Fleming, and Searles were invited in, and one of the number decided against the operation, as in his opinion there was no prospect of saving the child. The remaining four of us decided that the prostration and symptoms of marasmus left scarcely a hope, and, as tracheotomy afforded the only chance, the child should have this, dim as it appeared. Being very irritable and excitable she was put under the influence of chloroform, and an incision was made just below the cricoid cartilage in a perpendicular direction, approximating the top of the sternum, dividing the superficial and deep fasciae and cellular structure at the junction of the sterno-hyoid muscles; then, with the point and handle of the knife their connexions were separated, and the trachea laid bare. With a small scalpel two rings were opened. On this there followed a discharge of muco-purulent matter tinged with blood. We waited for half an hour, expecting every moment the corn to be ejected, when a director was introduced, and the back of the scalpel glided along the groove, and another ring was severed. The director was moved over the sides and superior portion of the windpipe, and withdrawn with the handle depressed upon the sternum, pressing the instrument moderately in contact with the anterior portion as it was extracted, which brought with it a considerable portion of adventitious membrane and the grain of corn. Laryngo-trachitis had evidently been created by this foreign body, resulting in a pseudo-membranous formation, and the corn may have been resting on it or entangled in it.

But little hemorrhage was encountered, and as soon as it entirely ceased the aperture was closed with strips of adhesive plaster. The aperture is now closed and healed. The result of this operation was unexpectedly satisfactory and successful. Repose and a vigorous appetite rapidly developed the child's physical condition, and those who had seen her enfeebled and emaciated, in a few days after her relief did not know her, recovery being so speedy. The child is completely restored to health. In connexion with this case we may contemplate two important achievements worthy of favorable consideration.

If we should be called to a similar case, when, from circumstances over which we have had no control, valuable

time has been lost, and the case is apparently beyond the prospect of hope, we should have no hesitation in opening the trachea. The case just narrated affords additional corroborative testimony demonstrating the advantage of tracheotomy for the removal of preternatural membranous formations in laryngo-trachitis.

Reports of Hospitals.

GENERAL HOSPITAL NO. 3, LOUISVILLE, KY.

BROMINE IN HOSPITAL GANGRENE.

By J. A. DOUGHERTY,

ACTING ASSIST.-SURGEON, U.S.A.

JOSEPH H. RICHARDSON, a private of Co. D, 3d Ky. Infantry, was transferred from Hospital No. 5, Nashville, to this hospital, March 12, 1863. At the time of admission he was suffering pain in the left temple, impaired sight of the left eye, constipation of the bowels, and a feeling of general prostration, the effect, as we supposed, of an attack of erysipelas of the face and neck which he had about the latter part of December while on duty as nurse in Nashville.

He was treated by Dr. Fischer, under whose charge he was placed, and by the first of June was so far improved as to be able to do guard duty at the hospital. He complained occasionally, however, of vertigo, feeling, as he said, as if he were half drunk. July 5th, about five o'clock P.M., while walking in the yard, he fell down in something like an epileptic fit, and was carried into the ward, where he remained for several days in a state of unconsciousness. On the fourth day after the attack, when consciousness had fully returned, he complained of pain and tenderness at a point about three inches below and to the right of the articulation of the lumbar vertebrae with the sacrum. Upon examination, a spot was found about two and a half inches in diameter, of a dark red color, appearing much like an ordinary bed-sore. On the next day, the 6th, the spot appeared somewhat larger, of a darker color, with fluctuation and crepitus upon pressure; dressed with flaxseed poultice. Sixth day.—Fluctuation and crepitus increased; surface black and puffed up; evidently in a state of mortification. Dr. F. laid open the dead mass with a scalpel, when a quantity of fetid gas, with nearly a pint of dark, offensive, watery fluid, escaped. The odor was like that emanating from mortifying parts. He then injected the cavity with a solution of bromine—one part of the compound solution to four of water. Seventh day.—Removed part of the dead mass, and filled the cavity with lint saturated with the compound solution. Eighth day.—Removed remaining mass, and, having obtained some pure bromine, applied it by means of a mop twice a day. When the whole of the dead matter was removed, it left an enormous cavity, little, if any, less than a pint bowl, the whole depth of the glutei muscles having sloughed away, leaving three or four square inches of the ilium and sacrum exposed. Ninth day.—Sloughing seemed arrested over the greater portion of the surface, but at a few points appeared to be still going on. Bromine continued. Tenth day.—Sloughing arrested and granulations appearing. Compound solution of bromine substituted for pure bromine. The general treatment was supporting, and from that time forward the case has improved as rapidly as could be desired, the cavity filling up finely.

Was this a case of hospital gangrene, or of ordinary gangrene and mortification? At first it presented all the features of ordinary gangrene, but after the mortified mass had been removed the surface had the appearance and odor of hospital gangrene. There had been no hospital gangrene in the house for two months, and never any in the ward in which this patient was. The parts might have been bruised while the patient was in the fit. At any rate,

the diseased action seemed to yield promptly to the application of the *pure* bromine as soon as the dead mass was removed.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, Feb. 18, 1863.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION ON STRANGULATED HERNIA.

(Continued from page 75.)

DR. BUCK—**CASE II.**—*Inguinal Hernia; Strangulated Structure of the Sac.*—Thomas Starboard, colored seaman, native of West Indies, 31 years, admitted into N. Y. Hospital on Friday, Dec. 19, 1862, at half-past two o'clock P.M., with a strangulated inguino-scrotal hernia of the right side, of which he gave the following account:—

About three weeks before, and soon after a violent straining effort, he first noticed a small swelling in both groins. That in the right groin increased from day to day. Both could easily be reduced into the abdomen until the preceding Wednesday evening, when patient was unable to replace that of the right side.

Symptoms of strangulation soon manifested themselves, and have continued up to the time of his admission into the hospital. The tumor fills the scrotum and occupies the right groin; the testis lies at the bottom of the scrotum in loose contact with the hernial tumor; a recent chancre occupies the prepuce; and a subcutaneous abscess of the size of a dollar is situated over the neck of the tumor. The tumor itself is very tense and unyielding, though the skin and subjacent tissues covering it are supple and unadherent. The belly is but little distended. At half-past four o'clock P.M., after having unsuccessfully employed the taxis, proceeded to the operation without the administration of anaesthetics.

Operation.—An incision four inches in length was made over the axis of the tumor, extending equally above and below the Poupart's ligament, and passing through the abscess noticed above. On reaching the surface of the tumor, the layers covering it were raised at a point below the external ring and successively detached upwards with the handle of a scalpel and the end of the forefinger, until at length a layer was reached, which, on being traced towards the ring, allowed the finger-nail to engage itself under the edge of the intercolumnar fascia which constituted the stricturing part. Cooper's hernia knife was conducted on the finger-nail, and its blunt front inserted flatwise under the stricture, and the cutting edge directed forward, care being taken to maintain the knife in a line with the axis of the body.

The handle being now elevated from the body, the division of the stricture was effected by the pressure of the cutting edge against it. All the stricturing parts being thus divided, the neck of the sac was exposed to view. The taxis was now employed to reduce the contents of the sac into the abdominal cavity, but without success, though the tension of the tumor diminished under the manipulation. A careful scrutiny of the sac detected the existence of a stricture in the sac itself. The seat of it was indicated by a superficial groove or furrow encircling the neck of the sac, and corresponding to a falx-like incomplete septum in its inner surface. The sac was opened to the extent of one inch and a half through the stricture, after which its contents were easily returned into the cavity of the abdomen, and without any direct handling of them.

The wound was closed with sutures and adhesive plaster, over which a compress and spica bandage were applied to complete the dressings. Warm emollient poultices were ordered over the whole abdomen. Pil. opii, No. ij., each gr. j., to be taken immediately, and followed by one pill

every hour. Dec. 20, nine o'clock A.M.—Passed a quiet night; pulse 132; no abdominal tenderness; continue opium. Five o'clock P.M.—A good deal of tenderness on pressure over the right iliac region. Ordered two dozen leeches. Cap. pil. opii No. ij. qu. 3 horas: pulse 130. Dec. 21, nine o'clock A.M.—Is in a state of moderate narcotism; pulse 128. Ordered, in addition to opium, tinct. veratri viridis, gutt. iij. every four hours, to be gradually increased to five drops. The opium and verat. viride to be alternated two hours apart. Dec. 22.—Pulse 120. Continue pil. opii as before, increase tinct. verat. viridis to gutt. iv. every four hours; tenderness of abdomen diminished; wound sloughy; removed sutures. Ordered yeast dressings; three P.M., stopped opium. Dec. 23.—Pulse 108; bowels freely open yesterday. Dec. 25.—Pulse 80; wound doing well; his subsequent progress was favorable, and resulted in complete recovery. Discharged from the hospital.

CASE III.—Inguinal Hernia Strangulated.—Philip Pain, aged 50 years, Germany, laborer, of good constitution and habits. Admitted into N. Y. Hospital on Friday, Jan. 9, 1863, at one P.M., with strangulated inguinal hernia of the left side. About two years ago his hernia first appeared, in consequence of a violent effort in lifting. Though he has worn a truss habitually, it has not prevented the occasional descent of the hernia, especially when patient made unusual exertion; he had always succeeded, however, in reducing it himself, even after it had remained down an hour or more. On the day before his admission, while lifting a heavy weight, his hernia was forced down and could not be returned: a feeling of great tension in the tumor and its neighborhood immediately supervened, with pain around the umbilicus, and nausea. The following morning vomiting commenced and continued uninterruptedly. Two physicians had made unsuccessful attempts at reduction by taxis, after which he was brought to the hospital. The tumor, occupying the left groin and scrotum, was of the size of a large goose-egg; the testicle was in loose contact with it at the bottom of the scrotum; the skin at the lower part of the scrotum was reddened but still supple, free from oedema, and unadherent. In handling the tumor a peculiar sensation of crepitus is felt, and even heard, similar to what is noticed in a hydrocele a day or two after it has been injected with iodine. Pulse 85; tongue slightly coated; surface normal. No time was lost in resorting to the operation.

Operation.—At two P.M., without anaesthetics. An incision four to five inches in length, extending equally above and below Poupart's ligament, was made in a line with the axis of the tumor, and the successive layers were divided until the intercolumnar fascia was brought into view. It was found exceedingly tense, as it spanned the neck of the sac, and constituted the inferior portion of the constricting part. This was divided by insinuating the hernia knife flatwise under its inferior edge, and then directing the edge of the knife forward against the constricting band. The division was continued in the same manner upwards through the entire constricting portion. The tumor became relaxed, and the crepitus already mentioned was no longer felt in handling it. The contents of the tumor, now only covered by the inclosing sac, were observed to be very firm and fleshy. They could not, however, be reduced by the taxis, notwithstanding the complete division of the superjacent stricturing parts. There remained now no alternative but to lay open the sac, which was done freely. The fluid that escaped was small in quantity. A knuckle of small intestine alone occupied the sac, and adhered to it at its lower part by a small single band that easily gave way on slight traction. The intestine itself was very much thickened and fleshy, and admitted of only a slight degree of compression, to which, no doubt, is to be attributed the impossibility of reducing it before opening the sac. Two spots that could be covered with the end of the finger existed near each other on the surface of the gut, of an indented appearance, and sur-

rounded by a deep red congested color of the bowel. Difficulty was still experienced in attempting to reduce the hernia, and was not overcome until a further incision was made higher up through the neck of the sac. The reduction being accomplished, the wound was closed with sutures and adhesive straps, and the dressing completed by a compress and spica bandage. This patient survived the operation about seventy hours, and died of peritonitis.

At a *post-mortem operation* the small intestines were found adherent to each other and to the abdominal parieties in the left iliac region by recent lymph, which permitted them to be separated by slight traction. After disengaging these parts, the portion of incarcerated gut was recognised as being fifteen or eighteen inches distant from the ilio-cecal valve; and though no marks of actual disorganization were found, yet this portion and the portion above it for a distance of ten or twelve inches were deeply congested, and at different points presented ecchymotic patches under the peritoneal coat. The knuckle that had constituted the hernia, and which has been already noticed as thickened and fleshy, presented this thickened condition along the line where the mesentery separates to surround the gut. Here an interstitial deposit, evidently of old formation, had taken place, constituting a dense structure, which, when cut into, appeared to be almost of scirrous firmness. It was this thickened, indurated condition which had prevented the return of the hernia after the division of the stricture, and which had probably been produced by slow inflammation, induced by the repeated descent of the hernia behind the truss.

CASE IV.—Femoral Hernia Strangulated.—Operation.—Joanna Shaderwill, 43 years, Germany, married. Of slender, delicate constitution. Admitted into N. Y. Hospital Saturday, Jan. 24, 1863, at one o'clock P.M., with strangulated femoral hernia of the right side. Patient had been aware of the existence of the hernia for about seven months, and, as she supposed, had been able always to reduce it completely. On the Tuesday evening preceding admission, symptoms of strangulation appeared, such as vomiting, pain in the umbilical region, and constipation, and have continued with but little intermission to the present time. On the day before admission the taxis was attempted and persevered in for two hours, patient being under the influence of chloroform, but without success. The tumor spreads out over the inner half of Poupart's ligament, is diffused, and without well defined limits. The skin covering it presents a red blush, and adheres to the subjacent tissues. It is thickened, and no longer can be gathered up into folds between the thumb and fingers. The parts are tender to the touch, and of increased warmth. The belly is moderately distended and supple. The operation was resorted to without further delay, as follows:—

Operation.—Patient under ether; pulse 120. An incision five inches in length was made across the tumor, parallel to Poupart's ligament, and continued through the several tissues till the surface of the sac was exposed. All the tissues divided were found infiltrated with coagulated lymph. The upper edge of the incision was next divided at right angles, thus constituting an inverted T incision. This greatly facilitated getting access to the seat of the strangulation, at the upper and inner side of the seat of the neck of the tumor. By dividing successive layers of the sac and tracing them up to the point where the tumor emerges from the femoral ring, the forefinger nail was at length insinuated under the edge of the ring, and served to conduct the probe-pointed bistoury flatwise between the sac and the stricture ring. The edge of the knife was then directed forward and towards the median line against the stricture, thus dividing it in the act of elevating the knife handle. The end of the little finger was then insinuated in contact with the neck of the sac through the divided structure, stretching and enlarging it. The taxis being tried, produced no other effect than to relax the tension of the tumor. It was now discovered that the sac itself could not be gathered up between the thumb and

finger, nor made to glide upon the parts within, from which it was inferred that adhesions had taken place between the sac and its contents. On opening the sac only a small quantity of turbid fluid escaped. Extensive adhesion, evidently not of recent formation, united the sac to the hernia, requiring great care in separating them. This was effected with the handle of the scalpel and finger-nail, after long and patient manipulation. The hernia itself was of a deep livid red color, and presented several points that were at first taken for perforations. After considerable handling, what lay in view and had been taken for bowel proved to be omentum, which covered and concealed a knuckle of small intestine of the size of the last phalanx of the thumb. This also was very livid, and presented upon its surface a depressed spot of a greyish color, looking very much like incipient disorganization. It was readily reduced. The omentum being unravelled and spread out, covered a surface six inches long and one and a half wide. This was excised, and two fine ligatures applied to the excised edges. With the fore-finger passed up through the crural canal, it was ascertained that everything had been reduced and lay free within the peritoneal cavity. The wound was closed with sutures and adhesive straps, over which a compress and spica bandage were applied to complete the dressing.

Treatment.—Large flaxseed poultices to the abdomen ordered. Pil. opii, each of one grain, of which two to be taken at once, and to be followed hourly by one or two *pro re nata*. Jan. 25, ten A.M.—Patient passed a comfortable night; no vomiting; pulse 113, occasionally intermitting; epigastrium tender under pressure. No tenderness in right iliac region. Drowsiness; pupils contracted. Op. gr. xxvij, taken in last twenty-four hours. Ordered one dozen leeches to epigastrium and poultices continued. Jan. 26.—Progress favorable; pulse 106; respiration 11; epigastric tenderness diminished; opium continued. Jan. 27, nine A.M.—Pulse 108; respiration 12. Opium continued. Pus escapes from wound. Removed dressings; applied sol. soda chlorat. Nine P.M.—Pulse 130; respiration 13; vomiting of dark-colored fluid. No pain. Jan. 28, ten A.M.—Pulse 128; respiration 10; bowels moved spontaneously; opium continued; wine-whey ordered. Three o'clock P.M.—Vomiting continues. Jan. 29, ten A.M.—Has taken no opium since two P.M. yesterday, except tinct. opii, gtt. xl. Pulse 114; respiration 12; brandy substituted for wine-whey. Introduced a catheter. Jan. 30.—Good night; pulse 102; tongue and surface in better condition; urination less difficult; wound open and suppurating freely. Jan. 31.—Pulse 92; no pain; very little tenderness in the region of the wound. Feb. 1.—Pulse 88; bladder and bowels perform their functions without aid. Nourishment and stimulants given as freely as can be borne. Feb. 2.—Less comfortable; night, pulse 108. Feb. 3.—Pulse 112 at eight A.M.; seven P.M., 124; profuse sweating. Quinine, brandy, and beef-tea ordered. Feb. 5.—Pulse 116; profuse sweating; fever; dark grumous fluid discharged from the wound. Feb. 6.—Growing weaker; pulse 124; vomiting this A.M.; can retain scarcely anything on the stomach. Feb. 7.—Pulse 120, weak; vomiting continues; patient delirious; sweats profuse. Feb. 8.—Some sleep; pulse 128; thready subsultus; discharge from wound offensive. Feb. 9.—Pulse 135, hardly perceptible; state of collapse. At half-past eleven P.M. died.

Feb. 10.—Post-Mortem Examination, sixteen hours after death.—Rigor mortis well marked. The peritoneal cavity being laid open, the large intestine and also the small intestine, except the ileum, were found much distended; no adhesions except those to be noticed hereafter. No effusion into the peritoneal cavity; no exudation of lymph on the peritoneal surface. The omentum at its inferior portion is gathered up into a band that was found adherent to the margin of the track through which the hernia had descended along the femoral canal. At about eight or nine inches from the cæcum the convolution of

the ilium began to be adherent, throughout an extent of twelve or fifteen inches, to each other and to the parietes of the pelvis around the femoral canal. The moderate degree of traction necessary to disentangle the parts ruptured the gut and allowed the escape of its contents. These adhesions were firm and evidently organized. No escape of fecal fluid had at any time been observed from the groin. The intestinal track through the adherent convolutions was very much narrowed, and had doubtless much impeded the passage of their contents.

CASE IV.—Strangulated Femoral Hernia.—Mary G., children's nurse, England, 39 years, widow, mother of one child; was taken on the 14th of January, 1863, in the evening, with nausea and pain in the abdomen and right groin, soon succeeded by vomiting which continued through the night. Her mistress had administered cathartic pills and other remedies, and made outward application for the relief of what she supposed a bilious attack. She was known to have had a rupture in the right groin for several months previous. At eleven A.M. on the following day, when first visited, she was suffering severe pain around the umbilicus, aggravated by paroxysms, and had frequent vomitings. Countenance anxious. On examination, a tumor of the size of a small flattened pullet's egg was found in the right groin, covering the inner half of Poupart's ligament, very movable, allowing the fingers to be insinuated under it; free from adhesions and redness of the surface. Handling causes patient to complain of great tenderness. The belly is soft and supple, pulse 88, surface of natural temperature. Patient for the last few weeks has undergone unusual fatigue in the care of a very sick child, and of late has experienced pain at the seat of the rupture while carrying the child in her arms. To this over-exertion she attributes her present accident. Suffering no annoyance from the rupture, she had never worn a truss. Ordered a bladder filled with cracked ice to the groin, to be continued until two P.M., when the patient was etherized preparatory to a trial of the taxis, and in case of its failure, to an operation. The taxis was thoroughly tried, but without success; the operation was then resorted to.

Operation.—An incision four inches long was made across the tumor, parallel with Poupart's ligament; a second incision divided the upper edge of the first through its middle, thus constituting an inverted T incision. The subsequent procedure was the same as in Case IV. After the division of the stricture exterior to the sac, the reduction was easily accomplished. There still remained, however, in the sac a portion of what seemed to be a small process of omentum adhering to the sac.

The sac itself, with its contents, was now pushed back through the crural canal into the abdominal cavity, and left there. The external wound was closed with sutures, adhesive straps, compress, and spica bandage. Flaxseed meal poultice was ordered to the lower abdomen. Two grains opium to be taken statim, and one grain every hour after. Her subsequent process was favorable, and her recovery complete. Within a fortnight after getting about, an inguinal hernia showed itself in the right groin. A truss was adapted to it and worn constantly, with the desired effect of keeping the hernia reduced. About the end of March, patient called to report that the tumor in the left groin, which had remained reduced since the operation, had reappeared, making it necessary to wear a double truss.

CASE VI.—Strangulated Femoral Hernia.—Monday, March 23, 1863, visited Mrs. D., at No. 32 Horatio street, a patient of Dr. Sharrock, a hard-working woman, aged 40 years, suffering from femoral hernia of left side, strangulated for about twenty-two hours. She had attended church twice the day before. At about six o'clock P.M. she was attacked with vomiting, which has continued since, accompanied with severe pain, referred chiefly to the epigastric and umbilical regions. The hernia had existed about one year. She had never worn a truss. The tumor had always disappeared in the recumbent position. Four o'clock P.M.—

Countenance calm; pulse 94; temperature natural. Vomiting is provoked by every attempt to drink. Belly supple, not distended; tender on pressure over epigastrium and umbilicus. Tumor of size of half a hen's egg in left groin, covers inner half of Poupart's ligament, movable; its cover supple, unadherent; tender on being handled. Dr. S. had taken a quart of blood from the arm at midnight, had made some efforts at taxis, and had administered opium.

Operation.—Administered ether, and tried the taxis thoroughly, but without success. Thereupon proceeded to operate. A single incision, four inches in length, across the tumor, parallel with Poupart's ligament, allowed the sac to be exposed; proceeding then as in Cases IV. and V. the constricting band on the inner side of the neck of the tumor was got at and divided. The end of the finger was then thrust into the crural canal by the side of the neck of the sac, and its dimensions stretched. The contents of the sac were now easily pushed up into the cavity of the abdomen, and the sac itself reduced after it. The wound was closed and dressed as in the preceding case. The after-treatment was also the same. The subsequent progress of the case requires no particular record; it resulted favorably, so that at the expiration of four weeks the patient was allowed to leave her bed and resume her accustomed occupations, with a suitable truss adapted to support the parts.

Of the six cases above narrated three were inguinal hernia in males, and three femoral in females. Three cases, two inguinal and one femoral, resulted fatally. Three cases, one inguinal and two femoral, recovered. In all the cases the division of the stricture exterior to the sac was previously accomplished, but in three only could the reduction of the hernia be completed without opening the sac. Of the three in which the sac was opened, one (inguinal, No. II.) recovered, and two (one inguinal, No. III., and one femoral, No. IV.) died. Of the three in which the sac was not opened, one (inguinal, No. I.) died, and two (femoral, Nos. V. and VI.) recovered. Of the three cases in which the sac had to be opened, the condition rendering it necessary was, in Case II., a stricture of the sac itself; in Case III., chronic thickening of the coats of the incarcerated gut, and in Case IV., extensive adhesions of the sac to the contained viscera. Of the three fatal cases, one of scrotal hernia (No. I.) fell into collapse, and died at the expiration of seventy-two hours after the operation. One of inguinal (No. III.) from general peritonitis. One of femoral (No. IV.) died on the twenty-first day from obstructions reproduced by entangled adhesions of the omentum and several nooses of ilium to each other and to the walls of the pelvis, around the upper orifice of the crural canal. The experience afforded by these six cases may, it is believed, be regarded as favorable to the mode of operation employed. No advantage claimed for the other more usual method, which in all cases contemplates a free opening of the hernial sac, is sacrificed thereby. When it is ascertained, after the previous division of the stricture, that the reduction of the hernia is impracticable, the laying open the sac still remains as our final resource. If the obstacle to reduction is found to be a stricture of the sac itself, this may be divided by a small incision, and the reduction may then be accomplished (as in Case II) without any direct handling of the bowel or considerable exposure of its surface to the air.

In the other conditions met with in Case III., thickening of the incarcerated gut, and in Case IV., of extensive adhesions between the sac and contained viscera, these obstacles were overcome with no less facility than if the sac had been laid open in the first instance. The great advantage of the method here advocated, when applied to large herniae, which are often irreducible from old adhesions, cannot be doubted. The liability to peritoneal inflammation from the exposure of so extensive a surface of bowel as is unavoidable in opening the sac, is by this method immensely diminished. In Case I., which was of this class, fatal peritonitis, it is believed, would have been inevitable; and

though a favorable termination did not follow the operation, a post-mortem examination ascertained that there were no traces of peritoneal inflammation.

The most weighty objection made to this method is the danger of reducing the gut, already in a state of gangrene, and thus exposing the contents of the bowel to be extravasated into the peritoneal cavity. If rupture of the gut has already taken place in consequence of gangrene, a corresponding condition of the sac and its coverings will disclose it to the operator, and determine him to lay open the sac and expose the state of its contents. Where, however, rupture has not taken place, and only signs of commencing disorganization are present, we have high surgical authority for returning the gut even in this condition, for the reason that after the return of the bowel within the cavity of the abdomen, adhesions will take place around the disorganized part in advance of its giving way, and thus shut off communication with the peritoneal cavity and prevent extravasation into it.

Progress of Medical Science.

PREPARED BY E. H. JANES, M.D.

ASSIMILATION OF THE LACTATE OF IRON.

THE superiority of the lactate over the other chalybeates, in reference to digestion, is the subject of a communication to the *Dublin Medical Press*, from A. Cordier, M.D. Not only clinical observation, but recent physiological facts and experiments, are summoned to prove the eminent value of this preparation. That lactate of iron is formed in the human stomach is proved by digesting for twelve hours, at a temperature of 104° , some iron filings with distilled water and calf's rennet. Hydrogen is disengaged, and lactate of iron formed, it being lactic acid upon which depends the acidity of the gastric juice. It has also been shown that lactate of iron may be injected into the veins in large quantity without producing any accident. It combines readily with the albuminous fluids, and is readily assimilated without fatiguing the stomach, improving rather than impairing the appetite and digestion. Thirty grains of reduced iron, or of the sesquioxide, even when taken at meals, produce diarrhoea and vomiting, which appears to be due to the stomach having first to dissolve and transform these preparations into lactates, while if the lactate is received into the stomach already formed, no such inconvenience follows. Recent experiments have been instituted to ascertain the degree of digesting attending the lactate as compared with other preparations of iron. "One drachm of fibrine, and two and a half of fresh gastric juice of a dog, mixed and kept for six hours at a temperature of 104° , the fibrine is dissolved and completely transformed into albuminose. But if one introduces at the same time any substance antagonistic to the action of the gastric juice, the fibrine is not, or only partially digested. In order to ascertain the degree of digestion, three consecutive tests are employed:—Boiling, Barreswill's liquor, glucose added to Barreswill's liquor. If digestion has been completed, the obtained produce does not coagulate at 212° , turns into deep violet when boiled with Barreswill's liquor, and prevents this liquor being reduced by glucose. But if digestion has not taken place, the obtained produce is not turned into violet by Barreswill's liquor, and glucose readily reduces the liquor." Dr. C. has applied these tests to the different preparations of iron, with the following result:—with lactate of iron, digestion complete; with tartrate of iron and potash, citrate of iron, pyrophosphate of ammonia, digestion well; with three-twentieths of a grain of reduced iron, complete; with six-twentieths, incomplete digestion. These and other experiments are presented to prove that the lactate of iron—especially the pastils of MM. Gilis and Coute—is the most digestible of all ferruginous preparations.

MR. E. J. REYNOLDS read a paper before the Royal Dublin Society on

WOOD SPIRIT AND ITS DETECTION.

When studying the deportment of various metallic salts with purified wood spirits, Mr. Reynolds observed that when a solution of the chloride of mercury was mixed with a few drops of the spirit, the mixture warmed, and the excess of caustic potash added, the oxide of mercury first thrown down is redissolved with the production of a clear solution. When acetic acid was added in excess to the alkaline solution, a bulky, white, gelatinous precipitate was produced, but slightly soluble in dilute acetic, nitric, or sulphuric acids, though readily dissolved in hydrochloric acid, which appears to decompose it. This precipitate was found to be composed of mercury with an organic body. The only test hitherto proposed for the detection of wood spirit is that generally known as "Ure's test," which consists in simply adding to the suspected spirit powdered hydrate of potash, when, if wood spirit be present, the mixture becomes brown in half an hour. This, though a simple, easy, and correct test, Mr. Reynolds thinks is exposed to a serious objection when applied to the detection of wood spirit in alcoholic tinctures, from the fact that most of them contain some volatile principle extracted from the plant in their preparation, and in distilling a sample for the purpose of applying the test to the distillate, the latter becomes contaminated by the volatile oil being dissolved in the vapor of alcohol, to which, if caustic potash be added, in many cases the mixture assumes a brown tint, owing to the well known action of caustic potash on many of the essential oils. Mr. Reynolds's method is as follows:—A small quantity of the suspected liquid is distilled, and to the distillate a little diluted solution of chloride of mercury added, and, finally, excess of caustic potash. The whole is then warmed, and if complete solution of the oxide of mercury has taken place, divide into two portions; to one acetic acid is cautiously added, which causes the formation of a yellowish bulky precipitate. After a short time the remaining portion is boiled strongly, and a similar precipitate is thrown down, thus proving with certainty that the wood spirit is present. In applying the test, if too much chloride of mercury be added, an insoluble compound will be found, and a negative result arrived at. Mr. Reynolds is persuaded by his numerous analyses that the adulteration of the officinal tinctures with methylated spirit is carried to a considerable extent in Dublin.

PECTORAL MIXTURE.

The following, from the *Canada Lancet*, is the composition of the "Acute Pectoral Mixture" so largely employed in the Montreal General Hospital:—Half an ounce nitrate of potash; four ounces vinegar of squills; four ounces paregoric; twelve grains tartarized antimony; and three pints and a half of water. Dose, a tablespoonful, when the cough is troublesome. An excellent and cheap remedy. The "Chronic Pectoral Mixture" is made the same way, leaving out the tartarized antimony.

PROFESSORIAL CHANGES IN BERKSHIRE AND BOWDOIN.—Prof. P. C. Chadbourne, of Williams College, has accepted an appointment to the Chair of Chemistry and Natural History in Berkshire Medical College. He holds a similar position in Bowdoin College, Me.—Dr. C. L. Ford, Prof. of Anatomy in the Berkshire School, and of Anatomy and Physiology in the University of Michigan, has accepted an appointment to the Chair of Anatomy and Physiology in the Medical Department of Bowdoin Medical School, rendered vacant by the resignation of Prof. Conant. Both of these gentlemen carry to their new fields of labor the well earned reputation of ripe scholars, thorough, brilliant teachers, and Christian gentlemen.—*Bost. Jour.*

American Medical Times.

SATURDAY, AUGUST 22, 1863.

WAR AND HYGIENE.

THREE hundred thousand lives during the past two years of the war have been sacrificed in battles and by disease—and the sacrifice is not yet ended. Bloody and terrible as this baptism of principles and of States at war has been, and may continue to be, the parties to the contest appear to have carefully weighed the consequences and considered the sacrifices of the conflict, and with consequences all anticipated, they boldly fling into the field nearly two millions of armed contestants as constant forces that shall not be diminished until the struggle is decided. Such a war and such sacrifices give definite and increasing value to the individual life of the soldier.

"To put a soldier into the field," says SURGEON-GENERAL HAMMOND, "costs the government nearly four hundred dollars; should he die, or become disabled in service, a pension is given. Looking at the matter, therefore, merely in a financial point of view, we perceive that it is a subject of serious importance, that every means should be taken to preserve the lives and health of those who come forward to fight the battles of their country."* Taken in a strictly economic point of view, the cash value of every soldier's life in the loyal army exceeds one thousand dollars, if that life can be preserved at full vigor during the war, or until lost in battle. Such is the simple arithmetic of war. The soldier's health and life become mathematical quantities, are made the basis of grand estimates in levying for recruits and conscripts, and in massing of forces in the field. Sound lungs, strong muscles, nerves well strung, senses perfect, and all functions in healthy action in the soldier, become and are essential elements in the military successes and prowess that crown the national arms. Thus MARS pays homage to HYGIENE.

Life-saving, or its equivalent, health-saving, has become a most important branch in the art of war, and it has its full share in all grand strategic successes. A sickly army is a demoralized army, and must soon become a conquered force. And do we not see in the patriotic gratitude and munificent support that is given to the Sanitary Commission of our War Department, evidence of the enlightened confidence of the popular mind in reference to this principle? Fearfully is the truth on this subject brought home to the people as their choicest regiments return, after only two years' service, reduced ten *per cent.* by casualties of battles, thirty *per cent.* by deaths from disease, and twenty *per cent.* by invaliding or discharges on account of disability. Yet these are about the average ratios of losses; and few are the regiments that after two years' service in this bloody war can muster thirty-five *per cent.* of the men who first entered the field. It is stated that the aggregate of discharges from the service—mostly from hospitals—on account of disability, already amounts to 140,000 of the national forces. All this is a matter of momentous concern to the nation, and to the homes that furnished the volun-

teer soldiers. Thus is brought home the idea of the value and economy of health and lives—the fundamental idea, and the very animus of all true plans for promoting the science and works of Hygiene.

This subject is too vast to allow of full discussion in our columns, but there are two or three practical considerations to which we desire to invite attention.

The Royal Sanitary Commission, in the year 1857, reported to the Crown that "to the State the loss of men by invaliding is the same as loss by death. In either case the expense of obtaining and training a substitute must be incurred. * * * It is obvious, therefore, that the rates of mortality taken alone, represent a *part* only of the loss annually caused in the ranks of the army by disease." Thus with statesmanlike views did that Commission, under the leadership of SIR SIDNEY HERBERT, its Chairman, and also the Secretary of War, set about studying the questions of military and public economy that are concerned in the health of soldiers. In a subsequent report upon army statistics the Royal Secretary concludes by asserting that, "if soldiers die in battle by hundreds, they die in hospitals by thousands. * * * We have shown that the excessive sickness of the army involves a large annual expense; it is evident that the diminution of that sickness will effect a great saving in peace, and an enormous saving in war. For sick men are not only a loss, but an incumbrance to an army. * * * The existence of an army in the highest state of efficiency would give additional security to the country without increasing the cost. * * * War would be waged with some chances of success, and would sooner be brought to a close by such an army than by an army suffering from the diseases that have hitherto infested our barracks and camps." This is the just and reasonable ground upon which, at the present hour, the SURGEON-GENERAL of our army has planted his standard, both as an instructor and chief executor in works and measures for promoting the hygienic welfare of the national forces. In seconding and officially sustaining the vast undertakings of the Sanitary Commission, he has but done justly; for that Commission commenced its work at the opening of the war with SIR SIDNEY HERBERT's views and spirit, and without mandatory power it has laid the basis of the broadest system of scientific and practical inquiries and works that has ever been put into operation. To the patriot, longing for the re-establishment of the national power and the restoration of rightful peace, such labors and their results afford a positive source of reliance, while science and the interests of humanity are to reap richest fruits. It is honorable to the spirit and purposes of our profession, that chief officers of the army medical service cordially recognise and appreciate such sanitary works and labors. We believe the fact will yet be acknowledged, that the men who have thus earnestly studied and successfully labored to promote the national cause, and to save life in this war, have merited the eternal gratitude of their country. And that Statesman or Cabinet Minister who will, like the late MR. HERBERT, boldly become the expounder of the claims and wants of the army medical bureau, will find his championship worthy of the best efforts of the patriot and statesman.

Another point worthy of attention in the progress of the war, is the wide extent to which the knowledge and principles of Hygiene have become popularized, and the lively interest of all intelligent men, in civil as well as military

* Treatise on Hygiene, with special reference to the Military Service, by Wm. A. HAMMOND Surgeon-General, U. S., pp. 18, 14.

life, in the facts and purposes of sanitary science and hygienic improvements. We need not allude to the special causes that produced this result, for they are sufficiently obvious. But it is a result full of promise and significance, which must be followed up by comprehensive plans and earnest efforts of not only the few well known and skilled hygienists, but by the organized masses of the medical profession. The people have begun to appreciate the priceless value of human life; and the vocabulary of sanitary knowledge, and the elementary facts of hygiene, are becoming familiar in every household. Our medical schools have each a professor for instruction in military hygiene, and every practitioner of medicine finds himself invited to be a private teacher of sanitary science in the homes of the people.

THE WEEK.

The great increase of mortality in this city during the last few weeks is justly exciting public alarm. The number of deaths was at one period nearly double that usually reported. As usual at this season of the year sunstroke is frequent among laborers, and has this year been unusually fatal. But the real increase in the mortality list is due as usual to the large percentage of deaths among children. Cholera infantum, convulsions, and allied infantile diseases, have remorselessly swept off the generation under five years of age. It is evident New York is annually becoming less and less habitable by children during the summer months. The long accumulating heaps of garbage at this period undergo rapid putrefaction, and saturate the air with their poisonous emanations. Atmospheric changes usually combine to depress the system, and hence the hygienic conditions surrounding the *city* poor, in August especially, are such as to increase the mortality to a fearful extent. The new City Inspector has made a most commendable effort to clean the streets, but it is questionable if more harm than good is not done by stirring up those compost heaps during the hot weather. We can never hope to see a proper state of the public health of New York, until the streets, areas, lanes, etc., are daily cleaned.

We would call attention to the series of resolutions from the Kings County Medical Society, which are to be found in another column. The ground taken by this body is a very just one, and claims the serious attention of the entire profession. There is an absolute need for reform in the system of dispensing drugs, as practised by the majority of druggists in this and other cities, and we are glad to see that a step has been taken in the right direction. The practice of prescribing from behind a drug counter is very prevalent among a certain class of unprincipled individuals, and no one can for a moment doubt the propriety of striving to prevent it. Not only is it an injury to the community by trifling with their dearest interests, but the profession is directly outraged by the false foundation it is placed upon by incompetent pretenders. The community are too apt to look upon apothecaries to be as thoroughly qualified to give advice as to dispense medicines, and we regret to be compelled to say that there are too many who are willing to take advantage of this credulity. This practice, too, throws reflection upon the respectable class of apothecaries which we have among us, and it is due to them as

well as to the medical profession, to use every legitimate means to discourage and discountenance it.

This, however, is only one of the features in the resolutions; there are others of equal importance to which we refer our readers. We hope the example set by this Society will be followed by others, and some measures finally be agreed upon whereby the evils may be remedied.

We conclude in this issue the remarks of Dr. Buck on the subject of strangulated hernia, as made at a late meeting of the New York Academy of Medicine. They are exceedingly well digested, and, coming as they do from one of our most prominent surgeons, we hope they will claim the attentive perusal of all interested in operative surgery.

Correspondence.

STIMULANTS IN THE ARMY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

VICKSBURG, August 1, 1863.

SIR:—In your number of July 11th, I was gratified to read a discussion on the subject of the use of alcoholic stimulants in the treatment of pulmonary diseases. Also an editorial by yourself, headed "An Indolent Profession."

The subject first mentioned, as you justly remark in another place, is of great importance in its relation to the habits of the people. Unfortunately the discussion of this and similar questions is sure to be influenced by the habits and preconceived notions of the disputants. Dr. Davis, of Chicago, whose advocacy of total abstinence is well known to the public and to the profession, shows by statistics that tuberculosis is very common among those who have used alcoholic drinks as a beverage or a medicine; while not one of Dr. Flint's cases, sixty in number, acquired a craving for stimulants. Dr. Parker cautions us strongly against the practice of whiskey-drinking, and Drs. Blakeman and Post give cases in which the habit of intemperance was formed from the prescription of the physician. These habits were followed by an ignominious death and a dishonored grave. I suppose that any physician in general practice, who did not use these stimulants himself as a beverage, would give the same testimony. I am sorry to hear you say that habits of intemperance are increasing rapidly amongst the people. During the last two years I have lived pretty much amongst the camps, and know but little of the condition of society. My life in the army has, however, given me an opportunity of making observations on the use, medical and general, of these stimulants among soldiers.

The appetite for stimulants in this department is certainly very strong, and is due, perhaps, first, to the effects of the intense and prolonged heat, producing great prostration; second, to want of variety in food; and, third, to the active agency of the malaria so common in this district. The intense heat calls for stimulants; the uniform rations, generally very salt, call for drinks, as does the free and general perspiration induced by the heat. The continued cause of poison by malaria, producing diarrhoeas, gastralgias, mental, moral, and physical depression, seems to call imperatively for alcoholic stimulants. And what are we to do? The remedy is often at hand, and the relief, though temporary, is immediate. With the idea of a malarial influence entering the system through the digestive organs, I early adopted the plan of using freely vegetable acids, particularly citric, as a beverage. I found that the water which I drank was corrected by it,

the gastralgia and sense of prostration relieved, while the frequent recurring diarrhoeas were often prevented or cured. In charge of a large hospital at Grand Gulf, I recommended this practice to my medical staff, and they adopted it both individually and in their practice. Without it the water we drank would often produce diarrhoea in less than an hour. Surgeon Robarts, of the hospital-boat belonging to the marine fleet, has adopted the practice, and has his officers and patients freely supplied with lemonade made of citric acid, sugar, and water. Several surgeons in the field have informed me that they do the same thing in their regimental hospitals, and all with good effect. It is very common amongst the officers of the army, especially in the Southern Department, to carry with them a supply of what they call "good old Bourbon," which they imbibe stately, in quantities proportioned to the sensibilities of the stomach, as a prophylactic. They often, in addition to this, carry with them a quantity of morphia or pulverized opium, which is to be used as a *dernier ressort*. Now, I have found that whenever an officer with these habits contracts diarrhoea or fever, it is ten times more difficult to stop it and cure him than it is to cure the same disease in one that does not use that prophylactic. The truth is, the evil in these prophylactics, to wit, the subsequent prostration of the stomach and other digestive organs, quite overbalances the temporary good obtained. To secure good health, and prevent the accession of disease, good and continuous digestion is necessary. This is sure to be interrupted by the aforesaid prophylactics. In my opinion, the only way to prevent such prostration following the use of these stimulants, is, to take them in small quantities, and always accompanied with some article of nutrition, such as milk, soup, bread or crackers, and cheese, or something of the kind. In that case the stimulant acts as a digestive, and the prostration which would have followed its use is prevented by the absorption of the nutritious matter. But I have strong doubt of the propriety of using alcoholic stimulants in any case as prophylactics. The remedy, in its effects, too often becomes worse than the disease.

Alcoholic Stimulants as Medicines.—I claim the right to use any article I can find in the animal, vegetable, or mineral kingdom, as a medicinal agent; but I would use these remedies with great caution, and always with the same restrictions that I administer narcotics and cerebral stimulants generally. I have accomplished great good by the judicious use of alcoholic stimulants in the hospital practice of the army. Convalescence from typhoid fever is often best treated by the use of these stimulants, and debility from various other causes may be removed according to the principles above suggested. The fact should always be kept clearly in mind that a stimulant is not tonic, but exhausting, unless followed by an improvement in the digestive organs. The physician at the same time is bound to respect the organization of his patient, and not (if possible) in curing him of one disease, lay the foundation of another and worse one.

Finally, I am surprised to hear you speak of an "indolent profession," and complain that medical men do not contribute to the literature of their profession. I supposed that your columns were continually supplied with original articles, both from the army and from private practice. I seldom see a medical journal, and cannot judge for myself. I know there are large numbers of well educated literary men in the army who, no doubt, daily record what they see and practise in camp and hospital. These things will be published "when this cruel war is over." The Surgeon-General has taken measures, which will, no doubt, be effective, to secure an official record of the Medical Department of the Army in good form and due time. Gentlemen are, probably, occupied with these compositions, and contribute less to the journals than they otherwise would. In my opinion, a good record of military surgery is all that has been wanted to bring the medical literature of this country up to the European standard. This is now being done,

and henceforth our medical, like our monetary resources, will not depend upon foreign speculators.

Yours, etc.,

JAMES BRYAN, Surg. U.S.V.,
Department of the Tennessee.

THE PATHOLOGICAL ANATOMY AND TREATMENT OF SUN-STROKE.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The occurrence of so many cases of "sun-stroke" among us renders it important that the profession, as a whole, should agree as to the best mode of treating it. Occurring, as it does, suddenly, it behoves everyone to be prepared to meet it by prompt medication. In order to do this intelligently we should first make up our minds as to the actual lesions which exist—in other words, What is the pathological anatomy of the disease? As one intensely interested in the subject I have consulted numerous authorities for a satisfactory explanation of the problem, and am free to confess that I am as much in the dark as ever. Have not some of our savans, our pathologists, studied up this subject sufficiently to give an answer to my query? The treatment for this accident is very variable, and generally consists in modifying the effects of the shock by administering stimulants, and applying cold to the head. I know some have bled patients with sun-stroke, and have also given emetics, but I am only too glad that I have not to be burdened with their consciences. I have learned that ice applied freely to all parts of the body has been attended with a good result, and, in want of a better remedy, I think I should try it in the first case that may unfortunately fall into my hands. The question of the treatment, and of the pathological anatomy, should be settled, I think, at once, and for that reason I would solicit information from some of your many talented contributors.

Yours, etc.,
G.

SARRACENIA PURPUREA IN SMALL-POX.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Having noticed an article in your periodical relative to the use of the pitcher plant as an abortive remedy, as well as a prophylactic and palliative in the treatment of variola, I will, with your approval, give some of my slight experience in the use of the drug.

Whilst I was physician to the Small-Pox Hospital, Blackwell's Island, i.e. during the three winter months of 1862-3, I was visited by a person from Nova Scotia who pretended to be the one who first introduced the remedy to the public, he having obtained a knowledge of it from a tribe of Indians with whom he was in great favor. He said it had proved itself worthy of the utmost confidence amongst his people, and gave several cases which I thought were, or might as well have been, treated by the expectant plan.

I also have a letter from F. W. Morris, M.D., of the same place, physician to a dispensary in Halifax, who says in regard to it, "If given at any time whilst there is yet any power for reaction, I believe it will never fail to cure. * * * In the language of the Micmac Indians, it kills the disease. It is of so mild a nature that the smallest infants may take it with perfect safety."

I think, judging by the cases I have heard related, that the remedy has been given, if administered successfully, either in cases of varioloid or in those of discute small-pox before the third day, and the subsidence of the febrile movement that always occurs about that time has been ascribed to the medicine.

The following is a copy of notes taken at the bedside of one of my patients, though they are not exactly such as I could wish:

Agnes Jones, aged 19, a native of New York, was admitted into this hospital Jan. 14, 1863. She is of the sanguine temperament, and apparently has a strong and vigorous constitution. Her habits have been good, and there

has been no illness of any kind affecting her up to the present time. She is unmarried, and has lived in the country for the last few months, serving as a domestic, but returned three weeks ago to this city, and has since resided near Sixth Avenue, in Sixteenth Street. She was vaccinated five or six years ago, but the operation was unsuccessful. She does not remember any previous insertion of the vaccine virus, nor any recent exposure to the variolous poison. On the morning of the 9th inst. she had malaise and a bad taste in the mouth, and soon afterwards a chill, followed by nausea and emesis, the last of which continued to trouble her at intervals throughout that day and night. She had also a severe supra-orbital headache and pain in the side and lumbar region, and was affected with thirst, constipation, a moist, hot skin, and anorexia. On the evening of the 11th some small red papules made their appearance upon the arms, and a physician was called, who pronounced it hives, and prescribed some Seiditz powders. These, however, did not check the eruption, and it continued to spread until it had covered the whole body. She now has a moderately full and forcible pulse of 94; the skin is moist and warm; eyes injected and watery; a yellowish moist coat upon the tongue; some thirst; urine high-colored, and passed at the rate of twenty-eight ounces in twenty-four hours. The menses commenced to flow on the 10th, and continue yet. She has been affected with complete insomnia and restlessness for the last two nights. The eruption is vesicular and confluent, and upon the arms in several places forms blebs. In the pharynx it is abundant, giving dysphagia, cough, etc. In the lungs there is a subcrepitant rale. Prescribed infus. sarracenias purpureae radicis (3*i.* to 0*j.*), 3*iv.*, every fourth hour, and an infusion of the dregs as a lotion for the face, and as a gargle. Her diet consists mainly of beef-tea, eggs, and milk. Jan. 15, eight A.M.—Pulse 90, and of normal fulness and force; tongue unchanged; there is some thirst and considerable nausea; diaphoresis is increased; urine more transparent, and she has passed thirty-seven ounces since eight A.M. yesterday; constipation, heat of skin, and insomnia, continue. Nine P.M.—Pulse 100, and smaller; the vesicles are mostly changed into the pustular form, and are umbilicated. There is tumefaction of the face, and pain in the back and limbs. Jan. 16, eight A.M.—Pulse 100 and full. There are insomnia, constipation, thirst, severe pain in the lumbar region, a white tongue, anorexia, and a moist hot skin. There have been 36 oz. of urine passed. Nine P.M., she has had an alvine evacuation; pulse is 104; menses flow yet. Jan. 17, eight A.M.—Pulse 112; she has some thirst and pain in the chest, and the mouth is lined with pustules. She has passed 40 oz. of urine. Jan. 18.—Pulse is 124, and moderately full. The tongue has a brown, dry coat, but there is no pain, and she obtained some sleep last night; constipation and slight thirst exist; she has passed 28 oz. of urine. Nine P.M., pulse is 130. Jan. 19.—Pulse is 134, and rather small and weak; tongue unchanged since yesterday; constipation, thirst, and anorexia, continue. Prescribed whiskey 3*j.*, beaten with eggs and milk, and tr. aconite, gitts. 3*j.*, every four hours. Nine P.M., gave her tr. hyoscyami to produce sleep and quiet irritation, also ol. ricini 3*j.* Jan. 20.—Slept well last night, and now has no thirst; pulse is 130, and moderately full. The tongue has a thick, white, moist coat; there is severe angina, so that liquids return by the nose on deglutition. She had an alvine evacuation this morning; ordered chlorate potassa gargle, and fomentations to the neck, and whiskey 3*j.* and tr. hyoscyami 3*j.* every four hours. Nine P.M., pulse 132; no pain. Jan. 21.—Pulse 138, and small; tongue brown and dry; subultus tendonum; thirst and mild delirium; areola not very dark; no diminution of tumefaction. Seven P.M., she has been troubled with rigors; the tongue is dry, and urine turbid and high-colored. Pupils normal, and there is no photophobia, but some cephalgia; gave her whiskey 3*jss.*, and tr. hyoscyami in the same dose and frequency as heretofore. Jan. 22.—She has pneumonia. Pulse 126, and small; tongue dry; talks rationally, and says she has no pain.

Ordered sptas. eth. nitrici et tr. hyoscyami, 3*ii.*, 3*j.*, and whiskey 3*j.*, every four hours, each dose containing grs. ij. quinine; also fomentations to the thorax. Jan. 23.—Pulse 112, and fuller; tongue more moist; areola bright; delirium continues. Medicines continued. Nine P.M., pulse 122, and small, and the tongue is dry. She had a dejection this evening. Jan. 24.—Pulse 132, and small; no pain expressed. Nine P.M., pulse 132. Has evacuated the bowels and bladder. Prescription as before. Jan. 25.—Pulse 138, and small; tongue dry; muttering delirium; urine scanty. Nine P.M., pulse 150, and she is moribund.

The sarracenia purpurea was used in three other cases (one of rubella); but without wearying you with the minutiae, I will simply say the results obtained from it were like those in the case already described, viz. diuresis and diaphoresis, and the patients recovered, just as they would have done if the remedy had not been administered, there having been no abridgment of the malady.

Yours, etc.,
H. G. OLTMSTED, M.D.

BELLEVUE HOSPITAL, NEW YORK, Aug. 12, 1863.

APOTHECARIES AND THEIR RELATIONS TO THE MEDICAL PROFESSION.

AT a meeting of the Kings Co. Medical Society, held July 14, 1863, the attention of the Society was called to the censurable course pursued by some of the druggists of the county. It was stated by several of the members that these gentlemen were in the habit of commenting upon prescriptions to the disparagement of physicians, substituting other articles for those prescribed, and not unfrequently renewing the prescriptions without the knowledge or consent of the attending physician, and that they were in the habit of prescribing for patients. For these, among other reasons, a committee was appointed, who made the following report, which was adopted:—

Whereas, It is eminently desirable that the art of prescribing and dispensing medicines should conform, as far as possible, to scientific accuracy; therefore,

Resolved, That the Medical Society of the County of Kings recognises the fact that physicians should be scrupulously careful in writing their prescriptions distinctly, and that they should use, as far as practicable, official names only.

Resolved, That it is the duty of dispensing apothecaries to put up prescriptions distinctly as directed, or to reject them, excepting, however, when there is cause to suspect a mistake; in which case, it is manifestly the duty of the apothecary to assure himself of the intention of the prescriber, before dispensing the prescription.

Resolved, That the practice which some apothecaries indulge in of treating cases of disease constitutes quackery in its worst form, because of the false confidence which their semi-professional character inspires in the minds of the people.

Resolved, That recommending nostrums, prescribing, criticizing prescriptions, or otherwise indulging in conversation tending to impair confidence in the author of a prescription, substituting other articles than those directed by physicians, keeping incompetent clerks, dispensing medicines of bad quality, repeating prescriptions against the expressed wish of the prescriber, and habitual carelessness, are all disreputable practices; and it shall be the duty of the members of this Society, who may hereafter become cognizant of such conduct, to report the same to the Society for the benefit of his Fellows.

Resolved, That these resolutions and preamble be approved by the President and Secretary in behalf of the Society, and published; and that a copy of the same be presented to every apothecary in the county, if practicable.

DEWITT C. ENOS, Pres't. Kings Co. Med. Soc.
JOHN T. YOUNG, M.D., Sec. Kings Co. Med. Soc.

Army Medical Intelligence.

SPECIAL ORDERS, NO. 158.

In pursuance of instructions received from headquarters of the Department Surgeon E. M. Porren, 7th Mo. Inf., is relieved from further duty in the Jackson U.S. Military General Hospital.

Assistant-Surgeon W. Watson, U.S.V., is assigned to duty as Surgeon-in-charge of the Jackson General U.S. Military Hospital.

SPECIAL ORDERS, NO. 161.

Surgeon G. F. Weeks, U.S.V., having reported to this office, is assigned to duty as Surgeon-in-charge of the Church U.S. Military General Hospital.

Surgeon S. L. Cheaney, 29th Illinois Inf., is relieved from the charge of Officers' General Hospital, and will report to the commanding officer of his regiment at Vicksburg, Miss. (in obedience to orders from Dept. Headquarters.)

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 2d day of August to the 10th day of August, 1863.

Deaths.—Men, 225; women, 161; boys, 265; girls, 250; total, 970. Adults, 385; children, 585; males, 520; females, 450; colored, 7. Infants under two years of age, 464. Children born of native parents, 86; foreign, 475.

Among the causes of death we notice:—Apoplexy, 28; infantile convulsions, 67; erup., 3; diphtherite, 12; scarlet fever, 15; typhus and typhoid fevers, 19; consumption, 71; small-pox, 3; measles, 11; dropsy in head, 19; infantile marasmus, 56; cholera-morbus, 6; cholera infantum, 188; inflammation of brain, 26; of bowels, 18; of lungs, 28; bronchitis, 5; effects of heat and sun-stroke, 124; erysipelas, 2; diarrhea and dysentery, 86. 64 deaths occurred from acute diseases, and 40 from violent causes. 636 were native, and 334 foreign; of whom 231 came from Ireland; 102 died in the City Charities; of whom 23 were in Bellevue Hospital, and 4 died in the Immigrant Institution.

Wards.	Deaths.	Wards.	Deaths.	Wards.	Deaths.
1st.	42	9th.	32	17th.	75
2d.	50	10th.	29	18th.	58
2d.	5	11th.	68	19th.	72
4th.	43	12th.	35	20th.	78
5th.	54	13th.	35	21st.	79
6th.	43	14th.	38	22d.	49
7th.	49	15th.	16		
8th.	34	16th.	41		

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Aug. 1863.	SIX A.M.			TWO P.M.			TEN P.M.					
	Minimum Temperature.	Exptg. Below.	Barometer.	Wind.	Temperature.	Exptg. Below.	Barometer.	Wind.	Temperature.	Exptg. Below.	Barometer.	Wind.
2d.	78° 79°	6	30.04	S.W.	91° 9° 30.04	S. by E.	84°	6	30.05	S.		
3d.	80° 80°	6	30.05	S.	94° 11° 30.09	S.	86°	6	30.10	S.		
4th.	78° 81°	9	30.12	N.W.	83° 15° 30.08	W.	80°	6	30.05	S.		
5th.	77° 70°	6	30.06	S.	86° 9° 30.04	S.	78°	5	30.00	S.		
6th.	72° 78°	4	30.00	S.	85° 6° 30.00	S.	77°	6	30.01	S.		
7th.	66° 70°	7	30.00	S.W.	86° 7° 30.00	S.W.	80°	6	30.01	S.E.		
8th.	70° 71°	4	30.01	E.	83° 9° 29.95	S.E.	76°	4	29.90	S.W.		

REMARKS.—2d and 3d, Very sultry; mostly clear. 4th, Clear and dry; wind **A.M.**, fresh; **P.M.**, moderate. 5th, Clear and sultry. 6th, Fog early; day, clear; sultry; thunder storm from 1 to 1½ P.M. 7th, Clear; wind fresh **A.M.**; sultry **P.M.** 8th, Fog early; sky variable during the day; sultry; thunder storms from 4 to 5, 6 to 7, and 10 to 11 P.M. Rain for the week, one and three-quarter inches.

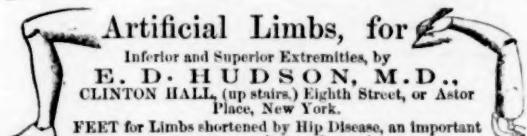
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A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and the Diseases of Women.
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL E. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
P. H. VAN DER WEYDE, M.D., Professor of Chemistry and Toxicology.

HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.

STEPHEN ROGERS, M.D., Professor of Physiology.

JOSEPH SHNETTER, Lecturer on Microscopic Anatomy.

JAMES E. STEELE, M.D., Demonstrator of Anatomy, and Curator of the Museum.

JOHN H. THOMPSON, M.D., Prosector to the Professor of Surgery.

F. S. SNEAD, Janitor.

A preliminary term will commence on September 14th, and continue until the regular term begins. The term will be GRATUITO to those Students who intend taking a full winter course, and will be as follows:—

On Military Surgery, by PROF. RAPHAEL.

On Congenital Malformations, by PROF. JACOBI.

On Bandaging, by PROF. HOLCOMB.

On Ovarian Dropsey, by PROF. NOEGGERATH.

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Demonstrations with the Microscope, by DR. SHNETTER.

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CHARLES A. LINDSLEY, M.D.,
Dean of the Faculty.

NEW HAVEN, July 22d, 1863.

Geneva Medical College.—The Session of 1863-64 will begin on Wednesday, Oct. 7, 1863, and continue sixteen weeks.

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Dean and Registrar.

JAMES HADLEY, M.D.,

Emeritus Professor of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

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